	PATENT A	PPLICATION Effecti	N FEE DE ve Octobe			N RECOF	RD		10/	/ 6	0996	924
CLAIMS AS FILED - PART I (Column 1) (Column 2)								MALL EN		OR	OTHER 1	
TO	TAL CLAIMS		8				ſ	RATE	FEE		RATE	FEE
FOF			NUMBER FILED		NUMBER EXTRA			Basic Fee	370.00	OR	BASIC FEE	740.00
101	AL CHARGEA	BLE CLAIMS	8 minus 20=		ø'.		ſ	X\$ 9=	·	OR	X\$18=	
NDE	PENDENT CL	AIMS	2 mbnus 3 =		. ,			X42=		OR	X84=	
YUI	TIPLE DEPEN	DENT CLAIM PR	RESENT				ł				+280=	
		in anham d in l	than 200	o coto	- 57° in o	nhimo 2	l	+140=		OR		
, IL £		in column 1 is 1				301111 €		TOTAL		OR	TOTAL	2448
	C	LAIMS AS A	MENDED			(Column 3)		SMALL	ENTITY	OR	OTHER I	
		(Column 1) CLAIMS		KiG	#ST		ſ		ADDI-			ADDI-
A		REMAINING AFTER AMENDMENT		PREVI	IBEA OUSLY FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
AMENDMENT	Total .	- 8	Ménus	- 2	<i>W</i>	- /		X\$ 9=		OR	X\$18=	
	Independent	• 2	Minus	450	<u> </u>			X42=		OR	X84=	
۷	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=		OR	+280=	7
								TOTAL		00	TOTAL	1
		100					•	ADDIT. FEE		JOH	ADDIT. FEEL	
		(Column 1)	-	HIG	imin 2) Kest	(Column 3)	1		ADDI-		1	ADDI-
AMENDMENT B		REMAINING AFTER AMENOMENT		PREV	NBER YOUSLY O FOR	PRESENT		RATE	TIONAL FEE		RATE	TIONAL
IDME	Total	. 7	Minus	× 6	20		H	X\$ 9=		OR	X\$18=	
ME	Independent	• /	Minus	•	13	1:_=	$\Box$	X42=		OR	X84=	
FIRST PRESENTATION OF BRULTIFEE DEPENDENT COSTS							3	+140=		OR	+280=	
BEST AVAILABLE COPY								TOTAL		OR	TOTAL ADDIT, FEE	
//	100	(Column 1)		(Ca)	umn 2)	(Column 3)		ADDIT, FEE	**************************************		ADDII. PEE	
	1/20	CLAIMS		Hec	EST		1		ADDI-	) ·		ADDI-
HC		REMAINING		PREV	MBER MOUSLY D FOR	PRESENT		RATE	TIONAL		RATE	TIONAL
AMENDME	Total	• 14	. Minus	-	20	1.	1	X\$ 9=		OR	X\$18=	
MER	Independent	- 3	Minus		3	• /		X42=		OR	Vac	
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								-	1	-	
						دام		+140=		OR	+280=	
-	* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."											
-	MI -b - 4411-6 61	umber Previously I umber Previously I inder Previously P	シュニュー かんしん	ic cosc	Fielderm	an Tessen T				ar y c	ADDIT. PEE	

Application or Docket Number